

with
self
public
service

300
1-56

ALL
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57021091
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2837

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Kansas City Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTE Menorah Medical Center - 21 YEARS				d. STREET ADDRESS (If outside, give location) Reside on Farm 506 E. 44th St. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Carson D. Hall				4. DATE OF DEATH Month Day Year June 14 57			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7-22-84	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MANAGER		11. BIRTHPLACE (City and state or country) GRAYVILLE, ILLINOIS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MANAGER		10b. KIND OF BUSINESS OR INDUSTRY FOODS BORDEN MFG. CO.		11. BIRTHPLACE (City and state or country) GRAYVILLE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME CHARLES HALL				14. MOTHER'S MAIDEN NAME MARTHA UNKNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 088-01-3241		17. INFORMANT Address MRS. GRACE HALL 506 EAST 44TH ST KANSAS CITY MO			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary arteriosclerosis severe & occlusion of right coronary artery Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Emphysema, pulmonary. Hydropneumothorax, left							INTERVAL BETWEEN ONSET AND DEATH 24 hrs 4201
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Aug 9 1952 to June 14, 1957 and last saw her alive on June 14, 1957 Death occurred at 1041 1/2 m on the day stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H. S. Hoffman MD				22b. ADDRESS 330 Prof. Bldg		22c. DATE SIGNED 7-17-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE JUNE-17-1957		23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		23d. LOCATION (City, town, or county) (State). KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1331 BRUSH CREEK		25. DATE RECD. BY LOCAL REG. 6-17-57		26. REGISTRAR'S SIGNATURE Nevas Marshall	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 48

P. O. Address R.C. 11

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.